

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002252

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 30 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Carthage

Length of stay in 1b

3 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

McCune-Brooks Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY
OR TOWN

Reeds

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
Route 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARBLE

DODSON

4. DATE
OF DEATH

Month

Day

Year

1

23

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-23-1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR INDUSTRY

Cook

11. BIRTHPLACE (City and state or country)

Jasper Co. Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Dodson

13b. MOTHER'S MAIDEN NAME

Alam Greninger

14. NAME OF HUSBAND OR WIFE

Archie H. Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Archie H. Dodson-Reeds, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

20 days

DUE TO (b)

Arteriosclerosis

unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-14-53

1-23-62

and last saw her alive on 1-23-62

Death occurred at

7:45 pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Shovel Patterson MD

22b. ADDRESS

Carthage, Mo

22c. DATE SIGNED

1-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-26-62

23c. NAME OF CEMETERY OR CREMATORY

Dudman Cemetery

23d. LOCATION (City, town, or county)

Jasper County

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY

Carthage, Mo

25. DATE RECD. BY LOCAL REG.

1-24-62

26. REGISTRAR'S SIGNATURE

My Clinton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.